

K \CEGNER\DUK\9603PA3\N & Appeal  
CAE: 41  
DEB/CAE/smc  
08/30/99

PATENT APPLICATION  
DOCKET NO: DUK96-03pA3

#24  
PLUNKET  
10/8/99

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS**

Applicants: Jonathan S. Stamler and Andrew J. Gow

Serial No.: 08/796,164

Group Art Unit: 1654

Filed: February 6, 1997

Examiner: B. Celsa

For: Modified Hemoglobins, Including Nitrosylhemoglobins, and Uses Therefor

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office	
on <u>August 30, 1999</u>	<u>Susan M. Cullen</u>
Date:	Signature
<u>SUSAN M. CULLEN</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents  
Box AF  
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated March 30,

10/08/1999 TELETYPE 00000001 080380 08796164

01 FC:216  
02 FC:219

1999, of the Primary Examiner finally rejecting claims 10-22, 24-32, 40, and 41. The items  
checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated March 30, 1999 for two months from June 30, 1999 to August 30, 1999.
2. ☐ A  month extension of time to respond to the Office Action Made Final dated  was filed on  with payment of a \$ fee.  
  
☐ Applicant hereby petitions for an additional  month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

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## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for two months	\$ 190
<input type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension ([ ] mo.)	\$ _____
	Less fee paid ([ ] mo.)	- \$ _____
	Balance of fee due	\$ 0
<input type="checkbox"/>	Oral Hearing	\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal	\$ 150
<input type="checkbox"/>	Other _____	\$ _____
	<b>TOTAL</b>	<b>\$ 340</b>

## 5. The method of payment for the total fees is as follows:

☐ A check in the amount of \$[ ] is enclosed.

☒ Please charge Deposit Account No. 08-0380 in the amount of \$340.

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

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Date: August 30, 1999